

STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES  
(Section 106.021(1), F.S.)

RECEIVED

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CITY CLERK'S OFFICE

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

☒ Original Appointment ☐ Deputy Treasurer ☐ Reappointment of Treasurer ☐ Secondary Depository

Name of Candidate

Saul Gross

1. Address (include post office box or street, city, state, zip code)

2900 Flamingo Drive  
Miami Beach, FL 33140

Telephone (optional)

2. Party (Partisan candidates only)

N/A

3. Office (add district, circuit or group number)

Miami Beach Commission Group 2

I have appointed the following person to act as my

☒ Campaign Treasurer

☐ Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

Saul Gross

5. Mailing Address (If post office box or drawer add street address)

1125 Washington Ave

6. Telephone

305-532-7368

7. City

Miami Beach

8. County

Miami-Dade

9. State

Florida

10. Zip Code

33139

I have designated the following named bank as my

☒ Primary Depository

☐ Secondary Depository

11. Name of Bank

Colonial Bank

12. Street Address

901 41st Street

13. City

Miami Beach

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33140

17. Signature of Candidate

X

Saul Gross

Date

Campaign Treasurer's Acceptance of Appointment

I, Saul Gross

(Please Print or Type)

, do hereby accept the appointment as

☒

Campaign Treasurer

☐

Deputy Treasurer

for the campaign of

Saul Gross

who is seeking nomination or election as a

N/A  
(Party)

candidate to the office of

Miami Beach Commission Group 2

As a duly registered voter in

Miami-Dade

County, Florida. I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

1/12/05  
Date

X

Saul Gross

Signature of Campaign Treasurer or Deputy Treasurer